



Date: March 5, 2015

To: Senator Terry Gerratana, Co-Chair, Public Health Committee  
Representative Matthew Ritter, Co-Chair, Public Health Committee  
Representative Kevin Ryan, Bill Sponsor  
Distinguished Members of the Public Health Committee

From: Barbara Fox, Vice President  
CT Association for Addiction Professionals (CAAP)  
272 Redwood Rd.  
Manchester, CT 06040

Subj: Friendly Amendment to HB 5906 - An Act Concerning Access To Treatment For Opioid Addiction

I strongly endorse HB 5906's primary goal to improve access to treatment for opiate/opioid addiction to CT residents. However, I have concerns that prescribing medications only (in a primary care setting), without the additional mandatory UDS (urine drug screens) and therapeutic counseling for this disorder. The original mandate for medical assisted therapies for opiate use disorders have always included the medication (methadone or suboxone) in conjunction with UDS (urine drug screens) and therapeutic counseling. Medication alone has shown to have poor outcomes and high risk for abuse of the medication or return to opiate use. Therefore I'd like to suggest a Friendly Amendment to HB 5806 (see attached).

Understandably, we need more evidence-based treatment for our ever growing opiate problem in CT, but trying to fix the problem by allowing primary care providers to just prescribe the medication without the accompanying UDS or therapeutic counseling (by an appropriately credentialed addiction professional) is like giving insulin to a diabetic without the complementary nutritional and lifestyle skills training. Since the introduction of Subxone in 2002, many studies have demonstrated that medication assisted therapy for opiate use disorders, which have included all three elements of treatment have shown better outcomes than just prescribing the medication alone.

As an addiction professional and educator for over 30 years I understand the increase in opiate addiction and the need for more treatment. I agree with CAAP's recommendations that the therapeutic treatment of opiate addiction requires addiction specialists to assess, monitor, intervene and manage the patient's treatment plan in association with the prescribing providers dispensing of the agonist medication.

Addiction specialist's primary concern is for the person who has an addiction problem. Treatment for this disorder, as with any chronic, potentially fatal illness, should include those that are trained and educated in their specialty. The APRN/PA will hopefully possess the expertise in prescribing the proper amount of the opiate agonist; the addiction specialist would help with the behavioral/psychological aspects and treatment of the client's disorder.

I hope that this factor, specialized counseling/therapy by an appropriately addiction credentialed professional, could or would be added to this bill as the treatment and use of these medications for opiate dependence were originally intended – for the benefit of the client.

A handwritten signature in black ink, reading "Barbara K. Fox". The signature is written in a cursive, flowing style.

Vice President  
CT Association for Addiction Professionals

Attachment: Friendly Amendment (by Susan Campion, President, CAAP (CT Assoc. for Addiction Professionals))